PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035 II C Detect and T Under the Paperwork Reduction Act of 1995, no persons are requir

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	ormation unless it displays a velid OMB control number
Filing Date	
First Named Inventor	David Farrar
Title	Tissue Repair and Replacement
Art Unit	3774
Examiner Name	Jonathan R. Stroud
Attorney Docket Number	PT-2683-US-NP

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
Practitioners associated with the Customer Number:		6	8622				
OR	ı						
Practitioner(s) named below:							
	Name			Registration Number			

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Palent and Trademark Office connected therewith.							
Please recognize or change the correspondence address for the above-identified application to:							
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✓ Thursday		6862	,				
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Firm or Individual Name	***						
Address Address							
City		State	T	Τź	io I		
Country							
Telephone		Email					
am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 32-6/FR 3.71. Statement under 37 CFR 3.73(b) is egolosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature	//		10	Date			
Name George Sec	cey				78-749-1096		
Title and Company Assistant Se	ecretary - Smith & Nephew, I	nc.					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:							
*Total of form	me are submitted						

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